COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300
Richmond, VA 23219

December 2, 2016

ADDENDUM No. 1 TO VENDORS:

Reference Request for Proposal: **RFP 2017-01**
Dated: **November 1, 2016**
Due: **December 16, 2016**

Below are updates that may delete, add, modify or clarify certain aspects of the aforementioned RFP. Please incorporate as necessary.

1) See Attachment 1 for Modifications to the RFP

2) Adjustment to proposal due date

DMAS has changed the due date for the receipt of proposals. As referenced throughout the RFP, please update the date as follows:

Proposal Due Date: Proposals will be accepted until 2:00 PM Eastern Time on December 16, 2016

3) See Attachment 2 for pre-proposal conference attendance roster;

4) See Attachment 3 for the Department of Medical Assistance Services response to questions/inquiries as submitted by potential Offerors.

A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

Kayla Anderson

Kayla Anderson
Sr. Procurement Officer

Name of Firm: _____

Signature and Title: _____

Date: _____

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Pg. 19, Section 1.4, "DMAS Objectives"

…

All DMAS ~~out-of-state transportation (except brokered out-of-state transportation),~~ emergency ~~and non-emergency~~ ground and air ~~ambulance, and emergency ground~~ ambulance services are excluded from this RFP. Out-of-state transportation services and non-emergency air ambulance services are requested as optional services, and thus may be excluded or may be included in this RFP, per Section 17.3.2.

p. 20, Section 1.5, "Expansions/Retractions"

All DMAS ~~out-of-state transportation (except brokered out-of-state transportation),~~ emergency ~~and non-emergency~~ ground and air ~~ambulance, and emergency ground~~ ambulance services are excluded from this RFP. Out-of-state transportation services and non-emergency air ambulance services are requested as optional services, and thus may be excluded or may be included in this RFP, per Section 17.3.2.

p. 22, Section 1.6, "Definitions"

…
Complaint Rate ~~(member)~~ - total number of member complaints divided by number of net completed trips. Net trip totals do not include public transit, gas reimbursement, and vouchers.
…
DMAS Out-of-State Transportation - NEMT to a site outside of Virginia's borders so that a member can receive a Medicaid or FAMIS covered medical service that is not available from an in-state Medicaid provider. Examples include sending members with rare diseases to a nationally known treatment center, or using new treatment procedures that only a few specialists in the United States are able to provide. In order for a member to be treated out-of-state, the referring physician must request service authorization and reimbursement approval from the DMAS Medical Director. Once service authorization is granted, the DMAS Transportation Unit currently arranges the out-of-state transportation services, including meals, lodging and an attendant, if necessary. These services may fall within ~~are not in~~ the scope of the Contractor's responsibilities under this Contract, as out-of-state transportation is requested as an optional service.

Pg. 51, Section 4.5.1 "Driver and Attendant Requirements"

w. The Contractor shall use DMV's Driver Alert-Volunteer Driving Record Monitoring Program (see ~~http://www.dmv.state.va.us/webdoc/commercial/voluntary.asp~~ https://www.dmv.virginia.gov/commercial/voluntary.asp).

Pg. 77, Section 4.13.1, "DMAS Out of State Transportation"

…

In order for a member to be treated out-of-state or receive urgent or non-emergency air ambulance services, the referring physician or facility must request authorization and reimbursement approval from the DMAS Medical Director or DMAS Long Term Care. Once authorization is granted, the Contractor

shall arrange out-of-state transportation services, including meals, lodging, transportation and an attendant, if necessary.

The transportation services may require DMAS enrolled air ambulance companies. The non-emergency or urgent air ambulance trips are a bed to bed service, airline tickets, bus tickets, non-emergency advanced life support, neonatal ambulance, and non-emergency basic life support ambulance, specialty ambulance services, rental cars and ambulatory, as well as wheel chair providers. At times, hotel arrangements will have to be made in advance through direct bill or a DMAS approved method. If applicable, the Contractor can reimburse member for part of or all of pre-approved transportation benefits.
…

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Pg. 152, Attachment VI, "Unduplicated Riders"

SFY 2014		July	August	September	October	November	December	January	February	March	April	May	June	Total Averages
VA Medicaid FFS	Ambulatory	15,935	15,991	15,765	16,375	15,542	15,091	15,488	15,588	15,590	16,058	15,933	16,049	**15,784**
	Wheelchair	4,274	4,238	4,242	4,476	4,141	4,121	4,233	4,220	4,185	4,343	4,311	4,295	**4,257**
	Stretcher	1,300	1,242	1,278	1,387	1,274	1,279	1,457	1,300	1,264	1,327	1,371	1,301	**1,315**
	Van Stretcher	870	905	786	824	701	739	786	787	801	833	823	781	**803**
State Total		**22,379**	**22,376**	**22,071**	**23,062**	**21,658**	**21,230**	**21,964**	**21,895**	**21,840**	**22,561**	**22,438**	**22,426**	**22,158**
~~**Eligible**~~		~~247,894~~	~~256,327~~	~~252,569~~	~~261,161~~	~~251,887~~	~~239,669~~	~~243,092~~	~~244,371~~	~~248,126~~	~~264,513~~	~~262,263~~	~~257,157~~	~~**252,419**~~
Total Trips		379,045	377,297	349,336	392,520	339,716	343,468	338,245	330,012	345,804	380,612	372,513	368,321	**359,741**
Total Transportation Utilization		65.40%	67.94%	72.30%	66.53%	74.15%	69.78%	71.87%	74.05%	71.75%	69.50%	70.40%	69.82%	**70.17%**
Total Eligibility Utilization		9.03%	8.73%	8.74%	8.83%	8.60%	8.86%	9.04%	8.96%	8.80%	8.53%	8.56%	8.72%	**8.78%**
Average Number of Trips	Weekday	19,231	19,084	19,101	19,344	19,127	19,093	19,253	19,505	19,469	19,433	19,282	19,704	**19,302**
	Weekend	1,638	1,818	1,529	1,706	1,937	1,841	1,688	1,734	1,681	1,662	1,842	1,564	**1,720**

SFY 2015		July	August	September	October	November	December	January	February	March	April	May	June	Total Averages
VA Medicaid FFS	Ambulatory	16,299	15,733	15,326	15,266	14,236	14,280	13,999	12,919	13,725	13,948	13,617	14,000	**14,446**
	Wheelchair	4,435	4,265	4,233	4,265	3,849	3,863	3,772	3,540	3,816	3,760	3,594	3,743	**3,928**
	Stretcher	1,371	1,310	1,301	1,243	1,214	1,263	1,423	1,152	1,206	1,212	1,045	1,085	**1,235**
	Van Stretcher	765	732	722	736	710	682	739	681	687	705	784	807	**729**
State Total		**22,870**	**22,040**	**21,582**	**21,510**	**20,009**	**20,088**	**19,933**	**18,292**	**19,434**	**19,625**	**19,040**	**19,635**	**20,338**
Eligible		267,315	266,565	245,778	270,849	268,148	272,853	268,229	261,279	263,024	266,866	266,758	265,836	**265,292**
Total Trips		391,336	362,660	360,618	384,529	312,245	347,601	332,321	287,478	347,306	355,684	333,285	355,120	**347,515**
Total Transportation Utilization		68.31%	73.50%	68.15%	70.44%	85.88%	78.50%	80.71%	90.89%	75.73%	75.03%	80.04%	74.86%	**76.34%**
Total Eligibility Utilization		8.56%	8.27%	8.78%	7.94%	7.46%	7.36%	7.43%	7.00%	7.39%	7.35%	7.14%	7.39%	**7.67%**
Average Number of Trips	Weekday	19,874	19,497	18,945	18,896	18,625	18,460	17,981	17,919	17,901	17,987	17,862	18,090	**18,503**
	Weekend	1,730	1,681	1,659	1,669	1,697	1,921	1,670	1,512	1,368	1,511	1,529	1,495	**1,620**

Source: LogistiCare's Monthly Reports

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Pg. 155, Attachment IX, "Month at a Glance Activity"

SFY 2014	July	August	September	October	November	December	January	February	March	April	May	June
Trip Volume												
Total Gross Reservations	455,491	436,216	414,884	458,573	419,104	136,683	456,331	403,737	425,735	440,790	440,803	427,931
Total Cancellations	76,446	58,919	65,548	66,053	79,388	93,215	118,086	73,725	79,931	60,178	68,290	59,610
Cancellation %	16.78%	13.51%	15.80%	14.40%	18.94%	68.20%	25.88%	18.26%	18.77%	13.65%	15.49%	13.93%
Total Net Authorized Trips	379,045	377,297	349,336	392,520	339,716	43,468	338,245	330,012	345,804	380,612	372,513	368,321
~~Monthly Members~~	~~247,894~~	~~251,593~~	~~252,569~~	~~255,136~~	~~249,590~~	~~239,669~~	~~239,458~~	~~244,371~~	~~248,126~~	~~255,608~~	~~258,001~~	~~257,124~~
Utilization Rate	65.40%	66.68%	72.30%	65.00%	73.47%	551.37%	70.79%	74.05%	71.75%	67.16%	69.26%	69.81%
Level of Service Distribution												
Ambulatory	81.45%	81.83%	81.45%	81.31%	81.01%	80.76%	80.87%	80.88%	80.91%	81.11%	81.16%	81.43%
Wheelchair	15.85%	15.63%	15.94%	16.11%	16.38%	16.49%	16.40%	16.38%	16.31%	16.13%	16.01%	15.90%
Stretcher	1.37%	1.37%	1.42%	1.47%	1.51%	1.63%	1.61%	1.57%	1.62%	1.67%	1.75%	1.68%
Van Stretcher	1.33%	1.18%	1.19%	1.10%	1.10%	1.11%	1.12%	1.17%	1.14%	1.10%	1.08%	0.98%
Distribution by Type of Facility												
Adult Day Care	2.62%	2.61%	2.60%	2.67%	2.63%	2.60%	2.50%	2.31%	2.31%	2.49%	2.47%	2.47%
Assisted Living	2.68%	2.70%	2.61%	2.52%	2.55%	2.51%	2.45%	2.35%	2.43%	2.40%	2.43%	2.38%
Behavioral Health	29.33%	32.13%	31.89%	31.99%	31.48%	31.93%	30.94%	31.61%	32.08%	32.62%	32.41%	32.78%
Dialysis	6.10%	6.22%	6.27%	6.02%	6.79%	6.92%	6.79%	6.39%	6.58%	6.02%	6.36%	6.01%
Doctor	4.21%	4.36%	4.76%	4.86%	4.86%	5.80%	6.61%	6.80%	6.54%	6.39%	6.14%	5.95%
Hospital	1.48%	1.56%	1.57%	1.40%	1.50%	1.58%	1.69%	1.51%	1.64%	1.58%	1.68%	1.62%
Nursing Home	2.00%	2.00%	2.03%	2.00%	1.99%	1.06%	2.15%	2.07%	2.06%	2.01%	2.13%	2.00%
Residence	42.44%	42.38%	42.38%	42.46%	42.42%	42.37%	41.85%	42.09%	42.29%	42.50%	42.39%	42.53%
Other	9.14%	6.04%	5.89%	6.08%	5.78%	5.23%	5.03%	4.87%	4.07%	3.99%	3.99%	4.26%

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SFY 2015	July	August	September	October	November	December	January	February	March	April	May	June
Trip Volume												
Total Gross Reservations	470,711	426,250	430,048	447,783	389,472	439,974	410,627	370,485	406,139	407,817	390,261	409,973
Total Cancellations	79,375	63,590	69,430	63,254	77,227	92,373	78,306	83,007	58,833	52,133	56,976	54,853
Cancellation %	16.86%	14.92%	16.14%	14.13%	19.83%	21.00%	19.07%	22.40%	14.49%	12.78%	14.60%	13.38%
Total Net Authorized Trips	391,336	362,660	360,618	384,529	312,245	347,601	332,321	287,478	347,306	355,684	333,285	355,120
Monthly Members	260,697	263,688	245,776	270,844	278,560	272,814	268,235	261,282	264,652	266,871	266,761	273,812
Utilization Rate	66.62%	72.71%	68.15%	70.44%	89.21%	78.48%	80.72%	90.89%	76.20%	75.03%	80.04%	77.10%
Level of Service Distribution												
Ambulatory	81.78%	81.17%	81.19%	81.00%	80.78%	80.69%	80.78%	80.62%	80.59%	80.70%	80.81%	80.90%
Wheelchair	15.65%	16.10%	16.24%	16.43%	16.43%	16.43%	16.28%	16.55%	16.63%	16.45%	16.36%	16.29%
Stretcher	1.64%	1.77%	1.60%	1.58%	1.76%	1.83%	1.83%	1.68%	1.74%	1.78%	1.70%	1.71%
Van Stretcher	0.93%	0.97%	0.97%	0.98%	1.03%	1.04%	1.11%	1.15%	1.05%	1.06%	1.13%	1.09%
Distribution by Type of Facility												
Adult Day Care	2.31%	2.32%	2.33%	2.30%	2.24%	2.21%	2.26%	2.16%	2.20%	2.25%	2.21%	2.28%
Assisted Living	2.36%	2.39%	2.41%	2.30%	2.25%	2.04%	1.88%	1.75%	1.78%	1.89%	1.93%	1.93%
Behavioral Health	32.45%	32.85%	33.09%	33.47%	32.74%	33.17%	32.90%	32.83%	33.39%	33.42%	33.04%	33.26%
Dialysis	6.07%	6.19%	6.25%	6.09%	6.91%	6.88%	6.84%	6.95%	6.39%	6.25%	6.70%	6.18%
Doctor	5.81%	5.71%	5.88%	5.85%	5.59%	5.35%	5.46%	5.14%	5.44%	5.45%	5.30%	5.30%
Hospital	1.65%	1.68%	1.52%	1.41%	1.59%	1.48%	1.65%	1.58%	1.52%	1.53%	1.54%	1.51%
Nursing Home	2.01%	1.99%	2.05%	1.95%	2.11%	2.00%	2.01%	2.02%	1.98%	1.95%	1.96%	1.93%
Residence	42.65%	42.54%	42.26%	42.31%	42.12%	42.58%	42.57%	42.59%	42.79%	42.79%	42.76%	42.84%
Other	4.69%	4.33%	4.21%	4.32%	4.45%	4.29%	4.43%	4.98%	4.51%	4.47%	4.56%	4.77%

Source: LogistiCare & DMAS Reports

ATTACHMENT #1
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Pg. 169 "Cost Proposal *Optional Services – Schedule C.1 – "DMAS Out of State Transportation [1]"*

	Air Ambulance	Ground Transport	Direct Bill Hotels	Member[2]	Airline Tickets
Direct Costs					
Rates *(include discounts)*	$	$	$	$	$
% discount, if applicable					
Indirect Costs[3]					
NEMT Contractor Percent of Direct Costs	%	%	%	%	%

Note 1: Reference Section 4.13 Optional Services.
Note 2: Member category includes reimbursements for gas, rental cars, per diem, parking, fuel, tolls and other incidental expenses incurred by the member, member's family member or friend.
Note 3: Reference Section 17.3 Cost Proposal for disallowable administrative costs.
Note 4: Cost Proposal for Optional Services will not be included in the scoring of the proposals or evaluation process.
Note 5: Air Ambulance Costs should include non-emergency in-state, non-emergency out-of-state, and urgent or non-emergency air ambulance trips. Emergency services are excluded.

ATTACHMENT 2
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600 East Broad Street Building Security and DMAS Visitor Log
RFP 2017-01 Non-Emergency Medical Transportation Services Pre-Proposal Conference
November 18, 2016 at 2:00 PM ET in Conference Rooms 7A/B
Attendee Sign-In Sheet

Number	Organization/Offeror Name	ATTENDEE PRINTED NAME	ATTENDEE SIGNATURE
1.	Virginia Premier Health Plan – Harold Brooks	Harold Brooks	
2.	Virginia Premier Health Plan – Randy Dovel	Randy S Dovel	
3.	Southeastrans – Lakesha Knight	Lakesha Knight	
4.	Southeastrans –Robert Craig		
5.	Van Go, Inc – J. Sid Delcaradyre		
6.	Van Go, Inc - Travis Snellings		
7.	Logisticare – Michelle Raynes	Michelle Raynes	
8.	Logisticare – Cindy Franklin	Cindy Franklin	
9.	Medical Transportation Management, INC – Brian Arnold	Brian Arnold	
10.	Veyo – James Rea	Jim Rea	
11.	Diamond Transportation Systems – Thomas Furlong	Thomas Furlong	
12.	DMAS	Chris Banaszak	
13	Cavalier Reporting	Kurt Heuneni	

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November 18, 2016 at 2:00 PM ET in Conference Rooms 7A/B
Attendee Sign-In Sheet

Number	Organization/Offeror Name	ATTENDEE PRINTED NAME	ATTENDEE SIGNATURE
14.	DMAS	C. Cors	
15.	DMAS	Bill Ziesk	
16.	DMAS	Kayla Anderson	
17.	DMAS	Tony Bonds	
18.	DMAS	Vivian Horn	
19.	DMAS	Chris Foca	
20.	DMAS	Letitia Melton	
21.	DMAS	Jack O. Andrews	
22.	DMAS	Todd Clark	
23.	DMAS	C Roberts	
24.	DMAS	Chris Banaszak	
25.			
26.			
27.			

ATTACHMENT 3
RFP 2017-01, Addendum 1
Vendor Questions and Answers

Question Number	Section	Question/Comment	DMAS Response
1.	Page 12, Introduction	Table 1 provides data "Gas Reimbursement Facilities." Please clarify what this data represents and what is the unit of measure shown in the table.	"Gas Reimbursement Facilities" represent the number of facilities that provide transportation for their own members (ex. certain Community Service Boards). The broker pays gas reimbursement to these facilities for the NEMT transportation provided to Medicaid Members.
2.	Page 13, Introduction	Introduction: States that "while some of the members currently receive medical and behavioral health care thru a health plan, their transportation to waiver related services will be handled thru this fee for service contract." Considering that most of the standing orders (frequent) members are waiver/nursing home/independent day related support services, *please confirm that all other trips (such as to Drs. Office, lab, dental specialists, etc.) outside of their daily program will be the responsibility of the health plans.*	Until the waivered members are enrolled in a healthcare plan, transportations for their waivered and health care services will be covered by the NEMT contract. In addition, there will always be a timeframe before they are enrolled into the MCO, that they will be covered by the NEMT contract. Please see Section 1.3, for additional information.
3.	Page 13, Section 1.2.2	Can DMAS furnish a list of providers with higher than average complaint rates?	DMAS does not collect this information.
4.	Page 15, Section 1.2.4	DOJ: The RFP states that "*Until completion* of the waiver redesign, the Contractor shall provide NEMT services to waiver services for these members." a. Are these individuals currently receiving NEMT services under the existing contract? Once the waiver is redesigned, will these trips be removed?	Yes, these members are currently receiving NEMT services. Upon redesign, their ID/D services will be covered by the NEMT contract.
5.	Page 15, Section 1.3	There is a problem with the reference link for additional information on CCC+. "Error Code: 500 Internal Server Error. The request was rejected by the HTTP filter. Contact the server administrator. (12217)." Can a new working link please be provided?	The link itself is correct. Copy/paste the link into your browser rather than clicking on the link. http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx
6.	Page 15, Section 1.3	Populations: There are currently TANF 21+ and TANF Under 21 members in the FFS population. *Does DMAS plan to shift those members to managed care?*	Yes, until they are enrolled in a managed care plan. In addition, there will always be a timeframe before they are enrolled into the MCO, that they will be covered by the NEMT contract.
7.	Page 15, Section 1.3	How many members by program and region will be left for the Contractor to serve after the transition to managed care is complete?	Please see Schedule B-2, B-3, and B-4, which reflect the average projected population by rate category for SFY 2018, 2019, and 2020.
8.	Page 18, Section 1.4	Will the PMPM for the transportation portion of the contract be a negotiated rate or one presented by DMAS to the finalists?	The NEMT service cost is the DMAS actuarially determined direct

ATTACHMENT 3
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Vendor Questions and Answers

Question Number	Section	Question/Comment	DMAS Response
			'service cost' of the PMPM. Each Offeror shall submit a PMPM 'administrative cost' proposal.
9.	Page 20, Sect 1.5	Expansions/Retractions: *Will DMAS negotiate with the Contractor in good faith to reset the administrative PMPM in the event DMAS expands or retracts membership to a point where the original administrative PMPM is no longer adequate?*	Yes, DMAS will enter into a renegotiation when the original administrative PMPM is no longer adequate.
10.	Page 20, Section 1.6	Will DMAS consider body weight and wheelchair weight as a more easily obtainable and appropriate measure of bariatric passengers?	No. Bariatric transportation must comply with the most current guidelines, rules or regulations of the Virginia Department of Health, Office of Emergency Medical Services.
11.	Page 21, Section 1.6	Brokered Out-of-State Transportation: *Please clarify that the 50 mile radius requirement is "highway" mileage. If not, please define how the 50 mile limit is determined.*	The straight line standard is used to measure the 50 mile radius. It is not "highway" mileage.
12.	Page 22, Section 1.6	DMAS Out-of-State Transportation: The RFP states that the successful bidder must supply an attendant for out of state trips. However, the Commonwealth's definition of attendants does not seem to apply. *Should this be escort instead of attendant?*	It can be either an escort or an attendant.
13.	Page 22/92, Sections 1.6, 8.1	Definitions/ Monthly Standards: It appears that the definition of complaints in Section 1.6 and the definition of complaint rate in Section 8.1 are different. *Please clarify these two requirements.*	The definition of complaint rate is, combined complaints by members, facilities and providers.
14.	Page 25, Section 1.6	Definitions: Provider Late is defined as "a complaint that an assigned provider arrived more than fifteen minutes after the scheduled pick-up time." *Is this definition based on valid complaints?*	This definition is not based on valid complaints, but on what DMAS considers the standard for provider late.
15.	Page 27, 2.1.a	Primary Responsibilities: *May the successful bidder use a third party training service to provide driver training?*	Yes, provided the training course meets or exceeds the NEMT Driver Training Requirements. The Contractor shall notify the agency of all providers who have been approved to conduct their own internal training program.
16.	Page 31, Section 4.1	Page 31, Section 4.1 requires the establishment of a QMC *"whose members shall include the General Manager, Directors of Operations, Health Care Managers, and Quality Assurance Manager"*. Does DMAS require these position titles or may the Offeror utilize alternatively named positions with similar job responsibilities?	Yes, DMAS requires these position titles.
17.	Page 31, Section 4.2	Is the current broker's call center in Norton, Virginia? Are the call volume numbers verified by DMAS, or have they been presented	Yes, the current broker has a statewide call center in Norton, Virginia, in accordance with *2010 Appropriations Act (Chapter 874), Item 300 (E)*. Call volumes are verified.

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Vendor Questions and Answers

Question Number	Section	Question/Comment	DMAS Response
		to DMAS by the current broker without verification?	
18.	*Page 32, Section 4.2.2*	*Telecommunications System:* Can calls after hours (evenings, weekends, overnights, holidays) be handled by another center, or must the Norton, Virginia call center be open 24/7/365? At a minimum, will DMAS allow after hour calls to be handled at another 24/7/65 call center as long as it is located within the state of Virginia?	Yes, the statewide centralized call center shall be located in Norton Virginia. The call center shall operate twenty-four (24) hours per day, seven (7) days a week, including evenings, weekends, and holidays. Yes, if it is in addition to the Norton, VA location.
19.	*Page 32, Section 4.2.2*	Telecommunications: Can a portion of calls be answered at centers outside of Virginia for overflow, redundancy, or to mitigate volume peaks?	Yes.
20.	*Page 32, Section 4.2.2*	Telecommunications: DMAS has described a desire for a telephony solution in which unencumbered access is available to "computer programs and databases that support the telephony system". Knowing that this could result in increased expense and limit redundancy and failover options as a standalone system is built out for this program, will DMAS accept open access to the telephony system for call center monitoring and reporting functionality without having system level access to back end servers?	The requirement listed under RFP Section 4.2.2 (p.) is not requiring system level access to back end servers but only to the files, programs, and databases used for the monitoring and reporting functionality that the contractors system will provide.
21.	Page 35, Section 4.2.4	*Would the Commonwealth consider reducing this requirement to 5 per month per CSR?* Then based on finding of those calls the successful bidder can implement additional monitoring and training as necessary. A typical CSR handles 1,100 calls per month. With the requirement that we shall monitor and audit at least 1% of all calls of each CSR on a monthly basis, we could potentially be monitoring 11 or more calls a month per CSR. In order to meet this requirement, it would result in increased staffing, resulting in higher program cost.	DMAS considers this a reasonable standard.
22.	Page 36, Section 4.3.1	Does DMAS have an anticipated distribution frequency? Will DMAS regularly provide change files or full files? If change files, can we get full files at least monthly and change files daily?	DMAS provides full files on a weekly basis.

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23.	Pages 36/112, Sections 4.3.1.d/13.2.3	Verify Member Medicaid or FAMIS Fee-For-Service Eligibility: *Please define "special circumstances".*	An example of a special circumstance is where DMAS approves a member's eligibility due to discovery of a data entry error.
24.	Pages 36/112, Sections 4.3.1.d/ 13.2.3	Verify Member Medicaid or FAMIS Fee-For-Service Eligibility: The RFP states that the successful bidder must schedule transportation for members that are in spend down or Medicaid pending status. *In the event the member never becomes eligible for services, will the transportation provider be allowed to bill the Medicaid member for services rendered? If yes, what is the wait time for the transportation provider to bill? If no, will the successful bidder receive payment for these trips?*	No, the contractor will not bill the Medicaid Member. The successful bidder will not receive payment for these trips.
25.	Page 36, Section 4.3.2.b. Please further define the requirement to *"verify service authorizations for Medicaid and FAMIS services as needed (e.g., CAT scans, MRIs, six or more transports to physical therapy)".*	Page 36, Section 4.3.2.b. Please further define the requirement to *"verify service authorizations for Medicaid and FAMIS services as needed (e.g., CAT scans, MRIs, six or more transports to physical therapy)".*	This is part of the Contractor's obligation to assess eligibility and authorize NEMT services. See Section 4.3.2.
26.	Page 36, Section 4.3.2.e	Assess Eligibility for and Authorize NEMT Services: *If the member has access to a vehicle but states they cannot afford fuel to drive themselves, is the successful bidder allowed to deny transportation?*	No.
27.	Page 37, Section 4.3.2 i and j	Assess Eligibility for and Authorize NEMT Services: *Will the successful bidder be allowed to transport children between the ages of 12-18 alone (without escort or attendant) if the parent or legal guardian has signed a consent to transport alone?*	Yes, but DMAS requires and must approve policy and procedures. DMAS expects the broker to have special procedures in place.
28.	Page 37, Section 4.3.2	Access Eligibility for and Authorize NEMT Services: Are meals, lodging, and flights included in the PMPM rate or is it paid at a fee for service rate? Is the contractor required to pay the incidental acquired by the member due to damages in a hotel room?	Meals, lodging, and flights are included in the PMPM rate. Damages caused by the member, can be discussed at the time.

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29.	Page 38, Section 4.3.3	Schedule and Assign Trips: Item "f" requires the contractor to "collaborate with NEMT providers to group trips to reduce members' travel time and to promote efficiency and cost effectiveness for the transportation provider. Travel time for any member shall not exceed 45 minutes plus direct travel time for 99.9% of all trips." How is the contractor required to report on this timeliness? How is this currently reported?	The contractor may use the reported Pick-up time and drop-off time to determine the travel time. It is currently not reported.
30.	Page 38, Section 4.3.3	Schedule and Assign Trips: Item "n" states that will-call pick-ups must occur within 45 minutes. a. Will DMAS consider modifying this requirement to one hour, which is the standard in the industry? What is the current requirement for timeliness of will-call pickups and is this standard being met?	No. Current requirement for will-call is "must occur in 45 minutes." The will-call pick-ups are currently not being reported.
31.	Page 38, 4.3.3 j	Assess Eligibility for and Authorize NEMT Services: The RFP states: The Contractor shall give the Department a preferred list of providers for each hospital that are approved to take hospital discharges twenty-four (24) hours a day, seven (7) days a week. The preferred providers need to meet or exceed training and vehicle requirements for all levels of this service. *Is successful bidder required to provide the list of preferred providers for every hospital in the state or just the major hospitals? If just the major hospitals, please define the definition of a major hospital.*	DMAS requires a preferred providers list for every hospital in the state.
32.	Page 39, Section 4.3.3	Schedule and Assign Trips :Item "q" requires contractors to have an alternate outside network of providers for trip recovery. What percentage of trips are currently handled by out-of-network providers?	This is currently not being reported.
33.	Page 39, Section 4.3.3	Schedule and Assign Trips. Will there be any liquidated damages if the contractor falls under the requirement for 99% recovery rate?	Yes. See Page 91 for the Service Level Agreement for Unfilled Trips.
34.	Page 41, Section 4.3.6	Backup Service: Item "e" states that "backup vehicles shall be in place no later than 30 minutes after the original vehicle is deemed late or unavailable for service." Can DMAS please clarify its definition of "in place"? Does that mean in route to the location or present at the pick-up location within 30 minutes?	This means present at the pick-up location within thirty minutes.

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35.	Page 41, 4.3.6 a	Schedule and Assign Trips. The RFP states: Out-of-network providers are required to meet all driver and vehicle requirements of this contract. The only time we would use an out-of-network provider is in situations of trip recovery or late night hospital discharges. *Without a contract in place with the transportation provider, how does the Commonwealth envision the successful bidder to ensure the provider meets all driver and vehicles requirements listed in this RFP?* *Would the Commonwealth please consider revising this requirement to say: Out-of-network providers must have valid insurance and drivers licenses"?*	Even if a contract is not in place with the transportation provider, DMAS requires for all NEMT transportation providers to meet driver and vehicle requirements. No.
36.	Page 41, Section 4.3.6 b	Back up: The RFP states: Ensure that NEMT providers are trained to maintain and repair vehicles. Many NEMT providers often use third parties to maintain and repair their vehicles. *Would you consider revising this requirement to instead read: Ensure that NEMT providers maintain and repair their vehicles by performing-annual and random vehicle inspections?*	No, this is important for the safety of the members.
37.	Page 42, Section 4.4	Will DMAS share the list of current transportation provider used for NEMT under this contract?	No.
38.	Page 42, Section 4.4	The RFP encourages the contractor to subcontract with DSBSD-certified small businesses. Please confirm that the use of such transportation providers will not count towards the 42% goal for the contract.	It is the goal of the Commonwealth (all state agencies and institutions throughout the Commonwealth) that 42% of its discretionary spending be made with small businesses either through prime contractor or subcontracting opportunities. For this procurement, DMAS has no set goal. However, the Small Business Subcontracting Plan is a scored criteria and Offerors are encouraged to populate the table of Attachment XVII. See RFP Section 18.1 for guidance on completing the Small Business Subcontracting Plan in Attachment XVII.
39.	Page 43, Section 4.4.1	The RFP asks Offerors to "describe approach to adjusting NEMT providers' reimbursement to reflect cost of living increases and crisis situations." Is DMAS looking for an approach to adjusting rates from what providers are currently paid, or an approach to be used should a situation require during the	Per Section 4.4.1(c), the approach is to address cost of living increases and crisis situations.

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		course of the new contract term?	
40.	Page 46, Section 4.4.2.k	Model Provider Contract: The RFP States: Assure that no contracted providers are permitted to deliver NEMT transportation services before driver and vehicle requirements are completed, contracts are executed, *and provider is approved by DMAS.* *If DMAS must approve all transportation provider agreements prior to performing services, how quickly after submission by the Contractor will DMAS respond with an approval or rejection?*	Ten business days.
41.	Page 48, Section 4.4.6	On Time Arrival RFP requires no more than 1% of trips shall be late or missed. *Is the 1% metric based on complaints or overall on-time performance?*	The 1% metric is based on overall on-time performance.
42.	Page 50, Section 4.5.1	Is the contractor responsible for *providing* PASS training/certification, including for taxi drivers, or for *verifying* that it is completed.	The contractor is responsible for providing PASS training to all NEMT drivers.
43.	Page 50, Section 4.5.1	The link provided for the DMV's Driver Alert-Volunteer Driver Record Monitoring Program is broken. It pulls as error message "404- File or directory not found." Is this the correct website?	The correct link is: https://www.dmv.virginia.gov/commercial/voluntary.asp
44.	Page 52, Section 4.5.2	The RFP requires NEMT vehicles to be driven with head lights on during vehicle operation. Are day time running lights acceptable during daylight hours?	Yes.
45.	Page 52, Section 4.5.2	Is it acceptable to use a company that uses the term "Medicaid" in their name as long as they display a DBA name, or when displaying their name they take out the word Medicaid?	Yes.
46.	Page 58, Section 4.5.5	How does the incumbent currently verify that members receiving gas mileage reimbursement have a valid driver's license, vehicle inspection, registration, and insurance coverage?	The successful bidder will provide DMAS with policy and procedures to be agreed upon after the contract is awarded.

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47.	Page 58, Section 4.5.5	Page 58 states that "friends and family members" may transport members via the gas reimbursement program, but the definition on page 23 states that it may be provided by a "spouse, by the parent or guardian of a minor child, or by the member." Please clarify whether gas reimbursement is limited to family members and member only, or may also be provided by friends or non-related individuals.	Gas reimbursement program may be provided by friends and family members.
48.	Page 58, Section 4.5.6	How many people currently participate in travel training activities? What is the average duration of this training? Do you have an estimate as to the number of individuals that may participate?	This is currently not being reported. The successful bidder will provide DMAS with policy and procedures to be agreed upon after the contract is awarded.
49.	Page 59, Section 4.6	Trip Manifest: The RFP states: and to request written confirmation from the NEMT provider that the trip shall be accepted. Because many of these NEMT providers will be on the road performing these trips, it is not feasible to get written acceptance. *In addition, is the transportation provider accepting the trip through electronic software application be acceptable?* *Is verbal confirmation acceptable as long as the call is recorded?*	Yes. No.
50.	Page 60, Section 4.7 NEMT Log	NEMT Provider/Driver Trip Logs: As innovation takes over the many manual processes that have existed, this section notes that the driver's signature can be written or digital. *Would the same also apply for the member's signature?* *Will DMAS entertain technological functions that demonstrate the member actually rode without having a signature (for example, a get on/get off function; GPS coordinate matching to the designated Pick up and Drop off longitude and latitudes; a driver customer survey completed from a mobile app, etc.)?*	Yes. No.
51.	Page 60, Section 4.7.6	Will DMAS consider electronic trip data as evidence of transportation in lieu of a passenger signature?	No, DMAS requires written or electronic signatures.
52.	Page 61, Section 4.8 c	NEMT Provider/Driver Trip Logs: The RFP states that a provider will be allowed 6 months from the date of service to submit claims, but for providers who first bill Medicare, the 6 months begins with the denial of claims from	No. The Contractor shall allow NEMT providers a minimum of six (6) months from the date of service to submit claims for reimbursement

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		Medicare. Assuming that it took a provider 30 to 60 days to bill (Medicare allows a year) and then time for Medicare to deny, it is reasonable to think that this would add an additional 3 months to the 6 months that a provider has to bill the NEMT broker. Section 13.2.2 Three (3) Year Risk Corridor (page 111) states that the Contractor is required to report to DMAS the direct allowable NEMT costs every year within 7 Months of each contract anniversary. It is highly possible that not all claims for that year will be captured within 7 months if we allow Medicare the time period offered in section 4.8.c. *Will the agency consider allowing 120 days for a provider to bill in order to fully capture all costs or make the reconciliation period 9 months after year end?*	without penalty. For providers who first bill Medicare, the six (6) month timeframe shall begin on the date of the denial of the claim by Medicare.
53.	Page 62, Section 4.9.1 a	Fully automated GPS-enabled trip routing and tracking system: *Is DMAS stating that the broker is required to give the transportation provider software that will automatically plan their routes for them?*	The solution will be proposed by the Offeror.
54.	Page 62, Section 4.9.1.f/ 4.9.1.g	TIMS Optimized Automated Scheduling: The RFP states that scheduling capabilities must include: (f) Automatically generates and routes "suggested" manifest assignments to providers; and (g) Optimized scheduling system that maximizes revenue miles and limits dead head miles to increase vehicle utilization; Transportation providers that are contracted to perform NEMT services are not exclusively dedicated to Medicaid NEMT services and have other business contracts. *Since the Contractor cannot know the total trips each transportation provider will perform for other business lines, please remove the two cited requirements.*	DMAS will not remove the two cited requirements. Please refer to the third paragraph in Section 4.9
55.	Page 63, Section 4.9.2	Item "f" states that smart phone apps are required for members, facilities, etc. a. Is a mobile/smartphone-friendly website acceptable in lieu of an app? b. Is this optional or required functionality? Section 4.13.2 on page 78 refers to member technology as an option, so it is unclear if the member/facility app functionality should be included in the main	No. DMAS strongly encourages the Offeror to submit optional technology proposals under Section 4.13 (See Schedule C.2.).

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		proposal, or as a cost option.	
56.	Page 64, Section 4.9.6	Regarding the hospital discharge software requirement: a. What functionality must the hospital discharge software have? b. Does DMAS recommend a specific solution or have an example that provides the functionality being sought? c. Does DMAS have any requirements for the software that will impact its approval? If so, what are they? d. Is a similar software/system currently used? If so, please provide the name of the system as hospitals will likely prefer to maintain continuity.	It is up to the successful bidder to provide a solution that meets the NEMT requirements. The successful bidder will provide DMAS with policy and procedures to be agreed upon after the contract is awarded.
57.	Page 65, Section 4.9.8	Is Social Security number a current requirement for all drivers and Attendants?	Yes, along with other legal documents.
58.	Page 65, Section 4.9.8	If an Attendant is not a driver would they need to submit an MVR?	Yes. Please refer to section 4.5.1, Driver and Attendant Requirements.
59.	Page 70, Section 4.11.2	The Contractor shall: a. Notify each member in writing of all instances when their request for transportation services, and/or date range(s) for services, including Non-Emergency Transportation Services (NEMT) are denied, terminated, suspended, reduced, or partially approved. These are collectively referred to as "actions". Notification must include, at minimum *Is DMAS going to allow the termination, suspension of transportation for members? Example: Rider who is a habitual Rider No Show?* *Please define "partially approved."*	DMAS approves these cases on a case-by-case basis.
60.	Page 71, Section 4.12.1	Will the contractor be required to send initial notifications to all eligible members, or only to those who have used the service in the past year? DMAS may unintentionally drive utilization up if mailings are distributed to the entire membership.	All members, who are not enrolled in managed care.

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61.	Page 71, Section 4.12.1	Would emailed notifications be considered as a cost-saving method rather than physical mailings?	Yes, verifiable emails can be used in addition to physical mailing.
62.	Page 71, Section 4.12.1.a	Member Outreach, Training, and Education: *Will the incumbent broker be able to send the information to unduplicated riders rather than the entire Medicaid population?*	No.
63.	Page 71, Section 4.12.1.a	Member Outreach, Training, and Education: *Can mailings be limited to the head of household in situations where multiple Members in the same family reside at the same address?*	Yes.
64.	Page 74, Section 4.12.4	Given the likelihood of driver turnover, as well as the administrative burden and cost of producing and providing NEMT Program ID Badges for drivers, will DMAS consider replacing this requirement to one that simply requires all drivers to wear identification while providing service on behalf of the Virginia FFS NEMT program?	No.
65.	Page 74, Section 4.12.4	Will DMAS please clarify the intervals in which the contractor is to provide refresher training to transportation providers? The RFP has conflicting timeframes: at least monthly; every three years; two training sessions per year.	At least monthly is for initial and refresher training. Every three years is for certification of completed refresher training. And two training sessions per year is referring to provider and facility training.
66.	Page 74, Section 4.12.4	Please confirm that the contractor can allow transportation providers to conduct, or arrange for a third party to conduct, training for drivers so long as it meets the RFP requirements and is verified by the broker, including PASS certification?	The RFP does not prohibit use of a third party for PASS training as long as they are certified. DMAS must approve all training materials prior to the beginning of training.
67.	Page 74, Section 4.12.4	Will DMAS please clarify when it is acceptable for the contractor to conduct training via WebEx or similar applications?	It depends on the type of training that is being provided. DMAS will finalize this with the successful bidder in achieving this task.
68.	Page 74, Section 4.12.4	Is a live, interactive Webinar acceptable for training?	It depends on the type of training. DMAS will finalize this with the successful bidder in achieving this task.
69.	Page 76, Section 4.13	Is the Offeror required to respond to and providing pricing for these optional services? Or is this section only to be completed if interested?	DMAS strongly encourages vendors who submit bids for NEMT brokerage services to submit proposals for optional services.

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70.	Page 77, Section 4.13.1	DMAS Out of State Transportation: *Will DMAS continue to receive the request for out-of-state transportation?* *If so, how will the broker be notified of the authorization and reimbursement approval from DMAS?* *How many days' notice will the broker receive for these approved requests?*	Yes, DMAS will continue to receive the requests and authorize all Out-of-State Transportation. The successful bidder will provide DMAS with policy and procedures to be agreed upon after the contract is awarded. DMAS will finalize this with the successful bidder in achieving this task.
71.	Page 77, 4.13.1	DMAS Out of State Transportation: *The RFP states: The transportation services may require DMAS enrolled air ambulance companies.* *Will DMAS provide a list of ambulance providers who provide urgent air ambulance trips?* *Will DMAS have to pre-authorize these transports? If so, will DMAS notify the broker of the air ambulance request with a preauthorization number?* *Will the broker be required to provide in-state air ambulance?*	The successful bidder will provide DMAS with policy and procedures to be agreed upon after the contract is awarded. DMAS will finalize a list of ambulance providers with the successful bidder. DMAS will provide written authorization. Yes, as long as they follow the NEMT provider requirements.
72.	Page 77, 4.13.1	Is air ambulance included in PMPM rate or paid at a FFS rate?	DMAS is requesting a cost proposal for Out-of-State Transportation which is an optional service. Out-of-state non-emergent air ambulance trips are paid at a FFS rate.
73.	Page 77, 4.13.1	Will the contractor be responsible for providing rental car reimbursement?	Yes.
74.	Page 78, Section IV, 4.13.3	Psychiatric Transport: *Please provide historical trip volumes for this transport type to allow accurate pricing.*	This information is unavailable because it is currently not being reported.
75.	Page 78, Section V	Are there any specific templates required for the standard reports?	No.
76.	Page 81, Section 7.1	Will DMAS consider modifying the requirement to submit updated versions of the procedure manually quarterly to annually and/or as necessitated by programmatic changes? Or quarterly during the first year and annually thereafter? This will minimize administrative burden on both the broker and	No. No.

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		DMAS.	
77.	Page 82, Section 7.3	Is DMAS open to allowing Offerors to propose facilities outside of the city of Norton, VA, as long as it is within the state of Virginia? We have conducted research into the competition, skills, and population of Norton to provide sufficient staffing for a contract of this size and scope, and are concerned about the number of similar call centers in the area, which limit the available applicant pool and increase the competitive wage required to recruit and retain skilled candidates. If DMAS holds this requirement for the call center to be in Norton, at a minimum, will DMAS allow a percentage of calls to be answered at alternative sites within the state?	Yes, as long as it is in addition to a call center in Norton, VA, as stated in Section 1.2.1 and mentioned again in Section 7.3.
78.	Page 82, Section 7.3	Please provide the call center staffing numbers for the current contractor.	We do not currently have this information.
79.	Page 82, Section 7.4	Will DMAS staff be located permanently in the designated office space, or just intermittently to monitor activity?	DMAS must be able to visit and work onsite periodically without advance notice.
80.	Page 83, Section 7.5	Regarding the requirement that the Project Director be at an "officer level," will DMAS accept an attestation that the Project Director appointed to the program will have the proper authority to make decisions regarding its operation? Or that the Project Director have a direct reporting line to an officer of the company? Each bidder's organizational structure is different, so what is the purpose or intent of this requirement?	This is a required position.
81.	Page 83, Section 7.5	*"In the event the Contractor's staff serves similar functions for other contracts not related to this RFP, the Contractor shall adjust the labor costs to reflect percent of time each staff person dedicates to this contract"*, however, item 1 on page 84, states *"A full-time administrator (Project Director), dedicated 100% to the Virginia Fee-for-Service Transportation Program, tasked with overall responsibility for all aspects, including the coordination and operation, of this RFP"*. Does DMAS require a fully dedicated Project Director for the full contract term?	Yes.
82.	Page 83, Section 7.5	*Can the Network Development and Reimbursement Manager be two positions? It is best practice to have these two distinct functions separated.*	Yes, as long as the requirement in Section 7.5 is met.

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83.	Page 84, Section 7.5	Staffing Plan: *Would the Commonwealth allow the bidder to submit samples of training materials instead as much of the training is online and if printed it would more than 1000 pages?* *If we must submit online can we submit on a flash drive instead of printing?*	To facilitate proposal submission, Offerors may submit training materials in electronic format on a flash drive or CD. Offerors are responsible for properly documenting files to facilitate ease of location of files during evaluation. The Department reserves the right to request paper copies.
84.	Page 84, Section 7.5	Staffing Plan: *Would the Commonwealth allow the bidder to submit the PPS manual on flash drive instead of printing? The manual is over 500 pages in length.*	See response to question 83.
85.	Page 84, Section 7.5	Staffing Plan: *Can the successful bidder submit a separate attachment binder? The RFP requires specific attachments and the page count for those attachments are over 2000.*	The Offeror may submit a separate binder or respond in accordance to response to question 83.
86.	Page 84, Section 7.5	Staffing Plan: *Would the commonwealth allow the bidder to submit all attachments electronically only instead of hardcopy?*	See response to question 83.
87.	Page 90, Section 8.1	Hospital discharges - Monthly Standards : Previously DMAS stated that 95% is not a reasonable measurement and changed the measurement to 90%. *Will you change this requirements to 90%?*	No.
88.	Page 91, Section 8.1	Recurring Appointments: *Please define "other critical care appointments."*	"Critical care" refers to life-threatening conditions that are non-emergent. The critical care appointment requirement was recommended in JLARCs report. Please see Section 1.2.2(2).
89.	Page 91, SECTION VIII	Quality Review And Performance Standards And Penalties – Service Level Agreements Unfilled Trips—Trips not fulfilled by provider *Will DMAS remove from this metric any instances when "no provider willing to transport" is due to the documented and verified abusive behavior of the Member?*	No.
90.	Page 91,2SECTION VIII	Quality Review And Performance Standards And Penalties – Service Level Agreements Requirements—The Contractor shall ensure drivers receive required new hire training and required annual training *Please confirm DMAS will not sanction the Contractor in a situation of intentional misrepresentation by a transportation provider and use of an*	The successful bidder will provide DMAS with field monitoring policy and procedures to identify potential occurrences of untrained drivers. DMAS will approve policy and procedures after the contract is awarded.

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		untrained driver without our knowledge or consent of the contractor.	
91.	Page 92, SECTION VIII	Quality Review And Performance Standards And Penalties – Service Level Agreements: Encounter data. *Please confirm the money withheld is returned after the Contractor is in compliance*.	No, there is a built in grace period to make the encounter data compliant with the requirements.
92.	Page 92, SECTION VIII	Quality Review And Performance Standards And Penalties – Service Level Agreements: Staff –key staff positions. *Please confirm penalties will not be imposed and that the time allowed to fill the job position will reset if DMAS rejects an otherwise qualified candidate.*	If DMAS rejects a candidate then the position will reset.
93.	Page 97, Section 10.1.3	The RFP requires encounters to be submitted 48 hours after the payment cycle. a. What is required to be included in the encounters file? Only those encounters processed during the last payment cycle? b. Is the 48 hour requirement referring to business days? For example, if the payment cycle was on Friday, would the contractor have until Tuesday to submit the encounter file?	a. No, the contractor shall submit 100% encounter data for all covered services provided to members, from all the possible data sources. b. Yes, it is referring to business days. The contractor will provide encounter submission calendar based on payment cycles.
94.	Page 97, Section 10.1.3	If denied claims are to be included in the encounter file, will there be any issues with accepting paid amounts equaling zero?	No.
95.	Page 97, Section 10.1.3	Does DMAS have a specific form or template for the encounter certification? Does DMAS have a specific template for the encounter to claim payment reconciliation?	Yes, DMAS has a certification form. DMAS will have supporting documents with specifications.
96.	Page 97, Section 10.1.3	Is reconciliation needed for each encounter file or monthly?	This will depend on the contractor's payment cycle.
97.	Page 98, Section 10.1.3.g.2	Encounter Data: The RFP states: Participate in a validation review to be performed by the Department, or its designee. The Department or its designee shall determine whether the Contractor is financially liable for such validation review.	If the validation review results in an expense to DMAS then the Contractor may become financially liable for the validation review.

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		Please define under what circumstances the Contractor would be financial liable for such validation review.	
98.	Page 106, Section 11.1	Item "b" states that the contractor must have hired and thoroughly trained its staff prior to the readiness review, which takes place 60 days before go live. a. Is it DMAS' expectation that ALL staff are hired and trained a full two months before the go live date? In order to retain these individuals, the incoming contractor would have to keep them on payroll for two months with no active workload which is extremely cost prohibitive for all bidders other than the incumbent. b. Would DMAS consider two separate readiness reviews, with a staffing readiness review occurring between 20-30 days prior to the go live date?	Yes No
99.	Page 111, Section 13.2.2	Regarding Risk Corridor: "…..a percentage of those savings….a percentage of those losses.": How is the percentage in each of these cases determined?	The percentage is determined as described in paragraphs (A) and (B) of Section 13.2.2.
100.	Page 111, Section 13.2.2	Please confirm, per the proposed risk corridor, in a scenario where overall transportation cost where 110% of the targeted transportation PMPM, DMAS expects the contractor to cover 5.90% and DMAS only 4.10% of the excess 10%? This seems extreme, especially in a case where transportation PMPM rates are set by DMAS actuaries with no input from prospective contractors. Would DMAS be willing to cap contractors losses from transportation PMPMs at no more than 3% or some other more realistic number?	Confirmed, if actual direct NEMT service costs exceed the targeted costs by 10% then DMAS would be responsible for 4.10% and the Contractor would be responsible for 5.90% of the excess. Likewise, if actual direct NEMT service costs were only 90% of the targeted costs then the NEMT Broker would retain 5.90% and DMAS would recoup 4.10% of the gain. DMAS is unwilling to cap contractors losses or gains.
101.	Page 111, Section 13.2.2	Would DMAS please provide data used to determine the transportation PMPM rates, including the actuarial report?	An actuarial report has not been developed. The data used to determine the transportation PMPM rates is the same data provided in Attachments III through X of the RFP.
102.	Page 112, Section XIII, 13.2.3	Member Month Adjustment and Reconciliation: How will Actuarially Determined NEMT Service Cost be established for 2019 and 2020, as well as any option years that DMAS elects to exercise? *Will the contractor be allowed to participate in the rate development in the*	Actuarially determined service cost for 2019 and 2020 will be determined based on encounter data. The rate development will be provided to the contractor for review. The Contractor will be provided with the opportunity to comment on the rate development.

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Question Number	Section	Question/Comment	DMAS Response
		renewals?	
103.	Page 112, Section 13.2.3	Member Month Adjustment and Reconciliation: *Please confirm that the rates were based on total members (current and retroactive member months).* *Please confirm that the payments made to the Contractor for Direct service will be the actuarial stated rates multiplied by the total members (current and retro) for each month of service.*	Confirmed. Rates are based on total members and the payment to contractors will be the actuarial stated rates multiplied by total members.
104.	Page 112, Section 13.2.3	Member Month Adjustment and Reconciliation: In developing the Actuarially determined cost for FY 2018, can you please provide the following; *a) What period was used as a benchmark?* *b) What trends were applied from benchmark period to the FY 2018 in terms of utilization and cost growth?* *c) If based on the encounter files submitted, was there any other consideration given to cost incurred outside of the submitted encounters (example, attendance fees, tolls, etc. items and cost that do not meet the encounter definition)? This usually accounts for about .80 PMPM (about 3%) across all populations and would want to understand if this was factored in.* *d) Since these are historical trended PMPMs, was there any adjustments offered based on:* *i) Technology requirements?* *ii) Adjustments for the population left behind after the MLTS transition? For example, the recurring waiver programs trips for the disabled that are left with the FFS contain a higher percentage of hand-to-hand caring/ higher attendant fees/ higher WC utilization/ etc. than the average reflected here since the other non-program trips would be handled by the health pan. Was this modeled and factored into these rates? And if so can you share the approach?* *iii) Higher transportation performance standards which will be used as the standard with the transportation network. Was there any factor for these new higher standards?*	a) The base data period is July 1, 2015 through December 31, 2015. b) Trend rates varied by rate category as follows: ABD – 15.0%, TANF – 15.0%, MR/DD – 5.0%, Nursing Facility – 19.0%, FAMIS – 0.0%, Plan First – 0.0%. c) Transportation service cost was developed using only encounter data. No other costs were factored in. d) No adjustments were made.

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105.	Page 112, Section 13.2.3	Member Month Adjustment and Reconciliation: The RFP states that the capitated payments made to the contractor will be adjusted retroactively for members that are deceased. Please clarify the following; a) *Does this apply to the entire PMPM (both transportation and administrative portion) or just the administrative?* b) *Since this is currently not being performed, far back will this exercise normally cover?* *Will the DMAS provide detailed information so that the contractor can match against payment that might have been made to the network on behalf of these members?*	This applies to the entire PMPM. It will commence beginning with dates of death on or after the effective date of this contract.
106.	Page 117, Section 17.3.2	Although these services are listed as "optional," it appears that bidders are required to submit a proposal for each of those services. Please clarify whether a proposal for each option is required.	DMAS strongly encourages vendors who submit bids for NEMT brokerage services to submit proposals for optional services.
107.	Page 117, Section 17.4	Not all required documents are available in a Microsoft Word format (i.e. signed forms, resumes, project plan, etc.). May Offerors submit certain documents in searchable pdf format as long as the main response portion of the Technical Proposal is submitted in Word?	Yes.
108.	Page 125, Section 18.2	Please clarify how the 20% weight for Small Business Subcontracting Plan will be scored. Is there a specific goal to be achieved in order to receive all points?	Scoring and assignment of points for an Offeror's Small Business Subcontracting Plan will be performed in accordance with the Agency Procurement and Surplus Property Manual (APSPM) Annex 7-B, Step 9, Item D and E.
109.	Page 126, Section 18.2	Proposal Evaluation Criteria: This section provides the weight of each category. *Can you provide the actual points assigned to each category?* For example, if Experience is 10%, is that 100 points out of a 1000 or 1 out of 10 points?	The evaluation criteria are based on a numerical scoring system with a total point value of 100 points (maximum points available). The point values assigned to each of the evaluation criteria represent the percentage of points available from the maximum amount (Example: 10% equals a maximum of 10 points available out of 100 points).
110.	Page 129, Section 19.10.2.a	Payment: *Please confirm the requirement to "pay subcontractors within seven (7) days of Contractor's receipt of payment from the Commonwealth" DOES NOT apply to payment to transportation providers and that transportation providers are to be paid within 30 days of receipt of a properly completed and fully reconciled trip invoice (as stated on page 60 in section 4.8 of the RFP).*	It does not. They are two separate requirements.

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111.	Page 139, Section 20.11	Please clarify if the small business goal for this contract is 42%, or DMAS' overall goal for all its contracts is 42%? If 42% is the goal for this contract, is this only to be met through administrative costs? Can payment made to qualifying transportation providers be counted towards the goal?	It is the goal of the Commonwealth (all state agencies and institutions throughout the Commonwealth) that 42% of its discretionary spending be made with small businesses either through prime contractor or subcontracting opportunities. For this procurement, DMAS has no set goal. However, the Small Business Subcontracting Plan is a scored criteria and Offerors are encouraged to populate the table of Attachment XVII. See RFP Section 18.1 for guidance on completing the Small Business Subcontracting Plan in Attachment XVII.
112.	Page 139, Section 20.11	What is the small business goal for the current contract, and is it being met? If so, what services are subcontracted to meet this goal?	This question is irrelevant to the requirements of this RFP.
113.	Page 139, Section 20.11	Will DMAS please provide the Small Business participation achieved by the current contractor?	See response to question 112.
114.	Page 140, Section 20.13	If the contract experiences an increase or decrease in utilization not resultant from broker actions or policies, would DMAS take the increase or decrease into consideration during the renewal process? Tying admin rates only to CPI can create unwanted risk for both the contractor and DMAS, especially with the unknown potential fluctuations in membership due to changing state and federal regulations.	This will be determined.
115.	Page 148, Attachment II	Please provide the number of calls and average handle time for the last twelve months of service.	Yes, Please see Attachment B.
116.	Page 148, Attachment II	Statewide Call Center Statistics: Please provide average call duration for the same period in the data set for total calls.	Please see Attachment B.
117.	Page 149, Attachment III	Can DMAS please clarify whether Public Transportation, Gas Reimbursement, and Volunteer Driver Trip legs are included in the Ambulatory mode of transportation?	Yes, they are included in the trips mentioned in Attachment III.

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118.	Page 149, Attachment III	Please confirm that the "Trips" reported in the Data Book Information are "one-way trip legs".	Yes, that is correct.
119.	Page 149, Attachment III	Please confirm Alternative Transportation Trip Legs reported in Attachment IV are already part of Ambulatory trips in Attachment III? Please indicate if trip legs reported in Attachment III represent paid or authorized legs?	Yes. It represents completed trips.
120.	Page 149, Attachment III	Will additional region/county-level, mode and population specific data be provided to the Broker?	No.
121.	Page 150, Attachment IV	Alternative Transportation Trip Legs: Are the alternative Transportation Trip Legs included in the Ambulatory counts in the schedule in Attachment III: Trip Information (pg. 149)?	Yes.
122.	Page 150, Attachment IV	Alternative Transportation Trip Legs: Please provide the average miles per trip for each of the three alternative transportation modes.	Yes. Please see Attachment A.
123.	Page 150, Attachment IV	Will DMAS please provide the average mileage driven for Public Transportation, Gas Reimbursement, and Volunteer Driver Trip Legs provided in Attachment IV?	Yes. Please see Attachment A.
124.	Page 150, Attachment IV	Can DMAS please provide the current rate paid for Volunteer and Gas Reimbursement Trips? Are there any plans to modify this rate? Is the rate set by DMAS or the broker?	No. The rates for Volunteer and Gas Reimbursement Trips are set by the Contractor and therefore are proprietary.
125.	Page 152, Attachment VI	Unduplicated Riders: *Please clarify the Total Transportation Utilization calculation.* For FY 2014 – July, the data reports 379,045 total trips and eligible members of 247,894. Utilization as trips/members would be 152.9% vs. the 65.4% reported.	Please disregard the entire row. This information is not correct.
126.	Page 154, Attachment XIII	What data is to be included in the Discharges from Hospitals and Emergency Departments report with regard to time request is made by the hospital or emergency department? Is both the date and time of discharge required?	Yes.
127.	Page 154, Attachment XIII	What type of outreach needs to be reported in the Outreach Activities report? Would this include outreach to transportation providers, or be limited to specific groups such as medical facilities, community organizations, etc.?	This outreach is not limited to specific groups.

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128.	Page 155, Attachment IX	Month at a Glance Activity: *Please clarify utilization rate calculations (See question above).* Utilization appears to be reciprocal of the actual utilization (i.e. membership / trips vs. trips vs. membership). December 2014 also looks incorrect at 551%.	Please disregard the entire row. This information is not correct.
129.	Page 159, Attachment XII	Projected Members by Rate Category During the Contract Period: *Please provide projected membership by rate category beyond October 2018. January 2018 projects membership of 179,398, April 2018 of 176,542 and October 2018 of 162,260. What is contributing to the decline during this time frame (appears to be in TANF population) if the projected program changes are expected to be complete by January 2018?*	Projected membership by rate categories is found in Schedule B-3 and B-4.
130.	Page 164, Attachment XIV	Will DMAS please provide the required pricing forms in Excel Format?	The pricing forms are not available in Excel format.
131.	Page 169, Schedule C.1	Would DMAS be willing to use a different pricing methodology for Out of State transportation? The current format requires offerors to bid the average rate expected, which is too risky for both parties. For example, it is hard to provide a unified rate for any of services because case to case cost can be significantly different. Ground transport for trips in excess of 10 miles performed with an ambulatory vehicle is significantly lower compared to a trip in excess of 100 miles performed with an ambulance. Would DMAS consider a pass through cost arrangement with some fixed admin per claim?	DMAS will not consider pass-through cost arrangements for out-of-state transportation.
132.	Page 171, Schedule C.3	Would DMAS be willing to use a different pricing methodology for Psychiatric Transport, as no data related to this portion of pricing was provided? Would DMAS consider a pass through cost arrangement with some fixed admin per claim?	No. DMAS will not consider pass-through cost arrangements for psychiatric transportation.
133.	N/A	Please provide the monthly Liquidated Damages assessed against the current Broker during the last 12-month period, by service standard and amount of penalty.	This information is unavailable for release.
134.	N/A	Will DMAS consider offering at least a two-week delay on the proposal due date to accommodate proper incorporation of answers to questions, and to account for the numerous holidays during the solicitation period?	The due date for receipt of proposals has been extended until December 16, 2016. See RFP 2017-01, Addendum 1 for updated information.
135.	N/A	What is the contract award date?	This information is currently unavailable.

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136.	N/A	The e-mail for RFP communication is coming back in error, can a new official e-mail be provided?	The email address listed in the RFP has been tested and emails are being received. When drafting your emails, please ensure proper the address is properly spelled out before transmitting.
137.	N/A	Does DMAS have a mobile phone initiative planned for the state's Medicaid members in 2017?	No.
138.	N/A	Will the current list of providers be released to bidders to allow them a right-to-refusal to join the new Broker's network?	We cannot provide this data at this time.
139.	N/A	Can the provided list identify the highest and lowest quality providers?	N/A
140.	N/A	Will Provider performance records be accessible to the new Broker?	No.
141.	N/A	Are there currently any limitations on mode-specific rates which would delay reimbursement to the Broker?	DMAS is not aware of any such limitations.
142.	N/A	When will DMAS' fee-for-service non-emergency transportation Contractor details be made available?	This information is currently not available, but will be available after the award.
143.	N/A	Which Populations are ineligible for Volunteer Driver Transport?	Members have specific level of service needs that might require looking for best Transportation options.
144.	N/A	Does the trip data provided include LTSS services for individuals enrolled in the DS, ID, and DD Waivers as services for these individuals will be paid through Medicaid fee-for-service as "carved out" services?	LTSS, now known as CCC+, has not been implemented yet.